

various other acute or chronic pulmonary lesions, gangrene of the extremities, deep abscesses, cerebral œdema, etc, but no one has until now noticed the presence of morphine in the viscera. Ball has observed this feature in a case which occurred at the Asile St. Anne of Paris upon an hysterical morphinomaniac, who took one gramme of morphine daily. An attempt was made at sudden suppression, in consequence of which severe collapse ensued. A hypodermic of morphine, however, restored her. Then gradual suppression was attempted ; but as soon as the morphine was entirely discontinued, severe collapse occurred and death ensued. The autopsy showed fatty degeneration of the heart. Microscopical investigation showed no changes in the nervous system. Kidneys and liver normal. Chemical examination revealed the presence of morphine in nearly all the organs, in the nervous centers, in the spleen, the kidneys, and, above all, in the liver. Ball, in view of this case, warns emphatically against the sudden withdrawal of morphine.

G. W. J.

TWO PECULIAR FORMS OF SPASMS. *Report of the 60th Congress of German naturalists and physicians at Wiesbaden, Sept. 18th to 24th, 1887.*

Benedict, of Vienna, before the section of internal medicine, read a paper which described two peculiar forms of convulsive or spastic attacks. The first relates to patients convalescing from myelitic paraplegia, who can walk but are unable to stand. In these cases there is a propulsive and retropulsive convulsive movement on standing. As soon as these patients attempted to stand, they were driven a few steps forward and then just as many steps backward from their original position. In a case of convalescence from subacute myelitis, this symptom developed ; and from the fact that it conformed to a sort of static spasm, the author desired to call it forward "pendulum spasm." The patients oscillate forwards on attempting to stand.

The second form developed in the convalescence from hemiplegia. The affected foot is not put forward in regular tempo, but the patient makes a number of forcibly inter-

rupted attempts; each interruption forwards follows a shorter backward one, and may be compared to some forms of tremor. This condition, the author remarks, belongs to the group of post-hemiplegic chorea and athetosis. Benedict calls it the "trill spasm." (*Triller-Krampf*—*Centralblatt für Nervenheilkunde, Psychiatric, etc.*, Oct. 15th, 1887, No. 20).
N. E. B.

ON THE RELATIONS OF BODY-WEIGHT IN THE PERIODICAL PSYCHOSES. Dr. W. Stark, of Illman—*Allgemeine Zeitschrift für Psychiatric, etc.*

The author, by constructing a series of co-ordinates, the space between whose vertical lines represented the mouth, and between whose horizontal lines the weight in an ascending scale, was enabled to present a graphic account of the changes of the body weight resulting in the various emotional conditions of exaltation and depression, and in the interval occurring in twelve cases of periodical insanity, six of which were suffering from the circular form of alienation. These patients, all females, were under observation for a period extending between three and five years, and varied in age from 18 to 59 years, in height from 1.54 to 1.69 m., and in average weight from 51 to 89 k. He derives the following general conclusions therefrom, a few of which are here given:

1. The more severe and protracted the paroxysm, whether maniacal or depressive, the quicker and deeper was the descent of the curve.
2. The longer and uncomplicated the interval, the higher and quicker the curve arose.
3. Descent and ascent occurred the most rapidly in the beginning of the paroxysms and of the intervals.
4. When two paroxysms of different characters follow each other, the negative deviation of the curve remains more or less unmoved.
5. Repeated paroxysms force the entire curve *niveau* sharply downwards.
6. Short attacks and small intervals do not materially influence the nerve movements of the curve resulting therefrom.